

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

Ann

Johnston

FIRST NAME

LAST NAME

Address

Hillbrook"-County Line Rd - Chagrin Falls - Geauga

NO.

STREET

CITY

ZONE

COUNTY

Tel. CH 770000

Tel

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

[illegible]

Use second blank if required

IMPORTANT

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Ann Johnston

SIGNATURE